



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 8342

SERIAL NUMBER 09/538,829	FILING OR 371(c) DATE 03/30/2000 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. 3852.1000-002
-----------------------------	--	--------------	------------------------	---

## APPLICANTS

Pankaj Modi, Ancaster, CANADA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/216,733 12/21/1998 PAT 6,231,882 *JKS*  
 which is a CIP of 09/021,114 02/10/1998 PAT 6,017,545

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *JKS*  
*None*IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*  
 \*\* 06/12/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>JKS</i>		
Verified and Acknowledged	<i>JKS</i> <i>JKS</i> Examiner's Signature Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
CANADA		10	1

## ADDRESS

021005

## TITLE

Method for administering insulin to the buccal region

FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1:16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
----------------------------	---	---